

CAND Pay.gov Application for Refund (rev. 10/19)

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

PAY.GOV TRANSACTION DETAILS

IMPORTANT:

- Complete all required fields (shown in red*); otherwise, your request may be denied and require resubmission.
- In fields 3-6, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.

| | |
|--|---|
| 1. Your Name: [*] Heidi M. Silton | 7. Your Phone Number: (612) 596-4050 |
| 2. Your Email Address: [*] hmsilton@locklaw.com | 8. Full Case Number (if applicable): 20-cv-07379 |
| 3. Receipt Number: [*] 0971-15128793 | 9. Fee Type:[*] <input type="checkbox"/> Attorney Admission <input type="checkbox"/> Civil Case Filing <input type="checkbox"/> FTR Audio Recording <input type="checkbox"/> Notice of Appeal <input checked="" type="checkbox"/> Pro Hac Vice <input type="checkbox"/> Writ of Habeas Corpus |
| 4. Transaction Date: [*] 10/29/2020 | |
| 5. Transaction Time: [*] 0:00 am | |
| 6. Transaction Amount (Amount to be refunded): [*] \$ 310.00 | |
| 10. Reason for Refund Request:[*] Explain in detail what happened to cause duplicate charges or no fee required. ▪ For a duplicate charge, provide the correct receipt number in this field. ▪ If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the open case). Duplicative charge for Pro Hac Vice of Heidi M. Silton. Correct receipt number is: 0971-15128939. | |

✓ **Efile this form using OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.**

View detailed instructions at: cand.uscourts.gov/ecf/payments. For assistance, contact the ECF Help Desk at 1-866-638-7829 or ecfhelpdesk@cand.uscourts.gov Monday -Friday 9:00 a.m.-4:00 p.m.

| FOR U.S. DISTRICT COURT USE ONLY | |
|--|--|
| Refund request: | <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Denied — Resubmit amended application (see reason for denial) |
| Approval/denial date: | Request approved/denied by: |
| Pay.gov refund tracking ID refunded: | Agency refund tracking ID number: 0971- |
| Date refund processed: | Refund processed by: |
| Reason for denial (if applicable): | |
| Referred for OSC date (if applicable): | |